

## REGISTRATION

of U. S. citizens residing in New South Wales, Queensland, Australian Capital Territory and Norfolk Island

Tick one: ☐ NEW ☐ UPDATE

(As shown in first page of your passport. If name was amended on another page, state the new name)

Name Surname  Given Names  Suffix (Jr/2<sup>nd</sup>/3<sup>rd</sup>)   
Alias   Social Security No.

Date of birth (mon/day/yr)  Place of birth (city/state/country)

Gender: Female ☐ Male ☐ Height (ft/in):   Hair color:  Eyes color:

Passport No.:  Date of issue: (mon/day/yr)    Place of issue: (city/country)

Present local address:

Contact numbers: Telephone  Mobile  Fax   
Residence:   
Business:

Marital status: single ☐ married ☐ divorced ☐ separated ☐ widowed ☐

### FAMILY MEMBERS

#### Spouse:

Surname  Given Names  Social Security No.   
Date of birth (mon/day/yr)    Place of birth (city/state/country)  Passport No.  Date of issue    Place of issue

#### Children:

Surname  Given Names  Social Security No.   
Date of birth (mon/day/yr)    Place of birth (city/state/country)  Passport No.  Date of issue    Place of issue

Surname  Given Names  Social Security No.   
Date of birth (mon/day/yr)    Place of birth (city/state/country)  Passport No.  Date of issue    Place of issue

Surname  Given Names  Social Security No.   
Date of birth (mon/day/yr)    Place of birth (city/state/country)  Passport No.  Date of issue    Place of issue

Surname  Given Names  Social Security No.   
Date of birth (mon/day/yr)    Place of birth (city/state/country)  Passport No.  Date of issue    Place of issue

### Emergency Contact ☐ Declined to provide contact

Surname  Given Names  Relationship   
Address   
Telephone/Mobile

Intended length of stay in ACT/

**Please read, complete and sign the Privacy Act Waiver on the reverse.**

### **PRIVACY ACT**

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Consulate General cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act.

The information on the registration form is authorized by 22 USC 2658 and is solicited primarily to establish your citizenship, identity, and entitlement to welfare and protection services provided by the U.S. government. This information may be made available on a need-to-know basis, to personnel of the Department of State and other U.S. Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a court order, or as set forth in 22 CFR 171 (Freedom of Information Act regulations). Failure to provide the requested information may make it difficult or impossible for the Department of State to assist you.

On the registration form, you are asked to indicate the extent to which you wish to waive your Privacy Act rights by **ticking** the appropriate boxes, then signing and dating below. Only you and your U.S. citizen spouse are required to sign, children age 18 or over should complete a separate form of their own. You have the following options:

- No waiver: no information would be released except as noted above;
- Full waiver: any information provided on this form may be released to anyone making request;
- Limited waiver: information released only to your choice of members.

**No Waiver**   **Full Waiver**   **Limited Waiver:**

Family   Media   Congress   Other \*

**Name**

**Signature**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**\*Specify**

<input type="text"/>	<input type="text"/>
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Date (month/day/year)